

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/562908**

FILED DATE  
**30 DEC 2005**

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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45				/		
46				/		
47				/		
48				/		
49				/		
50				/		
TOTAL IND.		↓	/	↓		↓
TOTAL DEP.		←	22	←		←
TOTAL CLAIMS			23			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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52				/		
53				/		
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100						
TOTAL IND.		↓	/	↓		↓
TOTAL DEP.		←	3	←		←
TOTAL CLAIMS			4			